

Supplemental Application Data Sheet
Application Information**Application number::****Filing Date::****Application Type::**

Regular

Subject Matter::

Utility

Title::Robot Vacuum Vac With Retractable Power
Cord**Attorney Docket Number::**

SHPR-01360USO

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

1

Total Drawing Sheets::

3

Small Entity?::

No

Applicant Information**Applicant Authority Type::**

Inventor

Primary Citizenship Country::

United States

Status::

Full Capacity

Given Name::

Charles

Middle Name::

E.

Family Name::

Taylor

Name Suffix::**City of Residence::**

Punta Gorda

State or Province of Residence::

Florida

Country of Residence::

United States

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type::

Inventor

Primary Citizenship Country::

United States

Status::

Full Capacity

Given Name::

Andrew

Middle Name::

J.

Family Name::

Parker

Name Suffix::

City of Residence::

Novato

State or Province of Residence::

California

Country of Residence::

United States

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type::

Inventor

Primary Citizenship Country::

United States

Status::

Full Capacity

Given Name::

Shek

Middle Name::

Family Name::

Fai Lau

Name Suffix::

City of Residence::

Foster City

State or Province of Residence::

California

Country of Residence::

United States

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type::

Inventor

Primary Citizenship Country::

United States

Status::

Full Capacity

Given Name::

Eric

Middle Name::

C.

Family Name::

Blair

Name Suffix::

City of Residence::

San Rafael

State or Province of Residence::

California

Country of Residence::

United States

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type::

Inventor

Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Andrew
Middle Name::
Family Name:: Haninger Heninger
Name Suffix::
City of Residence:: Novato
State or Province of Residence:: California
Country of Residence:: United States
Street of mailing address::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Eric
Middle Name::
Family Name:: Ng
Name Suffix::
City of Residence:: Santa Clara
State or Province of Residence:: California
Country of Residence:: United States
Street of mailing address::
City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 23910
Phone number:: (415) 362-3800
Fax Number:: (415) 362-2928
Email address:: officeactions@fdml.com

Representative Information

Representative Customer Number:: 23910

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application Claiming the benefit under 35 USC 119(e)	60/454,934	03/14/03
	An application Claiming the benefit under 35 USC 119(e)	60/518,756	11/10/03
	An application Claiming the benefit under 35 USC 119(e)	60/518,763	11/10/03
	An application Claiming the benefit under 35 USC 119(e)	60/526,868	12/04/03

	An application Claiming the benefit under 35 USC 119(e)	60/527/021	12/04/03
	An application Claiming the benefit under 35 USC 119(e)	60/526,805	12/04/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: Sharper Image Corporation
Street of mailing address:: 650 Davis Street
City of mailing address:: San Francisco
State or Province of mailing address:: California
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 94111